

## INTRODUCTION OF THE MEDICARE HOME HEALTH CASE MANAGER ACT

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 11, 1999*

Mr. STARK. Mr. Speaker, I rise today to introduce the Medicare Home Health Case Manager Act of 1999. The Medicare home health benefit has received much attention in recent years. The reason for that attention has been the dramatic growth of home health services over the past decade.

The Balanced Budget Act of 1997 (BBA) made a number of changes to the home health benefit to help stem that growth. However, much more needs to be done.

The Medicare Home Health Case Manager Act is a double winner. It would simultaneously reduce Medicare spending on home health while improving the quality of the benefit. It does this by introducing a new component to the benefit: an independent case manager.

Today, home health care is prescribed by a patient's physician, but then the actual plan of care is executed by the home health agency treating the patient. This creates incentives that have nothing to do with quality or appropriateness of care. Under the cost-based reimbursement system that existed before passage of BBA, the incentive to home health agencies was to over-utilize services for patients because that is how the agency made more money. In the BBA's prospective payment system (PPS) of the future, the incentive will be the opposite and there are real concerns about potential under-utilization of services.

The Medicare Home Health Case Manager Act would ensure that home health care decisions for long-stay patients were being made by an independent case manager who in no way financially benefited by the length or type of home care provided to a patient. They would be paid by a Medicare fee-schedule that would in no way be influenced by the amount or type of care they recommend. The legislation would also provide the Health Care Financing Administration (HCFA) with the flexibility to investigate the effectiveness of reimbursing home health case managers on a competitively bid basis in certain regions where that would prove appropriate.

The creation of a home health case manager for long-stay patients is endorsed by the Medicare Payment Advisory Commission (MEDPAC), a Commission appointed by Congress to provide expert advice on Medicare and Medicaid policy. In their March 1998 report to Congress they recommended that such a case manager be adopted for the home health benefit.

Their report states: "Such an assessment would help to minimize the provision of services of marginal clinical value, while ensuring that patients receive appropriate care. Requiring case management of long-term home health users could improve outcomes for individuals with long-term home health needs and at the same time slow the growth of Medicare home health expenditures." (Emphasis added).

There is also a new Massachusetts Medical Society study in which two-thirds of the physicians who participated in the study stated that "on occasion, they thought their patients didn't have enough home health coverage," even as 90% of them said that they routinely prescribe home health. They also expressed concern about "the difficulty of getting information about the condition of patients receiving home care," noting that some information does not reach the doctors until "it's well out of date." A home health case manager would remedy those concerns.

In addition, there are real-life examples of case management systems saving money and improving care. For example, Maryland's Medicaid program has a high cost user initiative which in FY 96 saved the state \$3.30 for each \$1 spent—a savings of 230%. The Health Insurance Association of America also commissioned a study of its member plans and found that rehabilitation/case management programs return an investment of \$30 for every \$1 spent.

History has shown us that simply throwing more money into home health is not the answer for assuring that patients receive appropriate care. Let's use this opportunity to make a real, tangible improvement in the quality of care obtained by Medicare patients and simultaneously save Medicare spending by reducing inappropriate visits. I look forward to working with my colleagues for passage of this important legislation.

## PAYING TRIBUTE TO HENRY KLEIN FOR HIS MANY YEARS OF COMMUNITY INVOLVEMENT

**HON. MAURICE D. HINCHEY**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 11, 1999*

Mr. HINCHEY. Mr. Speaker, I would like to pay tribute today to a constituent of mine and a dear friend, Henry Klein. I have known Henry for nearly thirty years and relied heavily on his wisdom and guidance throughout my many years in public service.

I am sometimes called upon to pay homage to one of our great national heroes on the day set aside for their remembrance, and it is always a pleasure to retrace their accomplishments, the obstacles they had to overcome, and the dedication they gave to their chosen areas of endeavor. These public heroes, whether they be in the area of military or civic affairs, or the arts or sciences, are a proud part of our democratic heritage.

But what about those unsung heroes, those citizens we meet in our own communities who are also worthy of special recognition for their dedication to the preservation of our democratic heritage? In all the years that I have known him, Henry Klein has been the exemplar of what a public citizen should be—fair and open-minded, and fearless whenever confronted with injustice or the ugliness of mob violence.

Born in Brooklyn, he graduated from City College in New York, earned his masters degree at Columbia University, and then became a member of the armed forces in World War

II, serving first as an educational instructor, helping recruits to better understand the demographic principles for which the free world was fighting, and later serving as a sergeant for three years in the European theater. After his return he did not abandon his interest in teaching the social and economic goals which were needed to ensure America's future.

When he moved upstate to the Town of Rochester in the early seventies, he became active with the Concerned Consumers, an organization promoting social and economic issues affecting Ulster County communities.

No one who knows Henry Klein would ever think of him as a member of a political party. He was an uncommon citizen, seeking rational and just solutions. He did not court controversy but neither did he shirk his responsibility to respond when he encountered it. At town meetings, at public forums, in letters-to-the-editor, and on call-in talks shows, when sometimes wild and exaggerated charges were being hurled back and forth between partisan groups and there was much heat but little illumination, it was Henry who would eventually provide the voice of reason and the enlightenment that was needed.

Mr. Speaker, I feel a deep debt of gratitude to Henry Klein for the role he has played in raising the level discourse on public policy issues through the logic and common sense of his arguments and his unwavering loyalty to high democratic ideals. Without public citizens like Henry, a healthy democratic society could not long survive.

## THE SOCIAL SECURITY BENEFIT RESTORATION ACT

**HON. MAX SANDLIN**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 11, 1999*

Mr. SANDLIN. Mr. Speaker, I rise today to introduce legislation addressing a serious issue for retired teachers and government employees across America. These public servants, after a lifetime of educating our youth and working for the taxpayers of America, find that their reward is a significant reduction in their Social Security benefits. It is time to end this penalty and give these retirees the benefits they are due.

Retirees drawing a benefit from a private pension fund do not have their Social Security benefits reduced. Why should we do this to civil servants? We should be encouraging able and intelligent people to teach our children and work for the government, not discouraging them by slashing their retirement benefits. We must bring equity to the Social Security benefits of private sector and public sector retirees.

This legislation, the Social Security Benefit Restoration Act, will bring this equity to retirement benefits. This bill will simply eliminate the public sector benefit penalty enacted in 1983 and allow all civil servants to draw full Social Security benefits.

I urge my colleagues to join me in cosponsoring this legislation. For every retired government employee and retired teacher in your district experiencing reduced Social Security benefits, I urge your support for this bill.